

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border-bottom: 1px solid black; width: 100px; height: 1em; margin: 0 auto;"></div>	FILING DATE <div style="border-bottom: 1px solid black; width: 100px; height: 1em; margin: 0 auto;"></div>					
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	17	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	20						TOTAL CLAIMS						